

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Pro-Tech Industries**
ADDRESS **P.O. Box 933**
Vancouver, WA 98666-0933

COUNTY **Clark**
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ST 6194
PERMIT NUMBER

001 – discharge to Hazel Dell Sewer District
DISCHARGE NUMBER

Submit Quarterly

**NOTE: Read instructions
before completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX.	MINIMUM FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MONTHLY AVERAGE	MAXIMUM DAILY	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	200	750	gpd					0	Continuous	Metered
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.0		9.0	s.u.	0	Continuous	Metered
5-day Biochemical Oxygen Demand (BOD ₅)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						240	mg/L	0	01/90	Grab
Arsenic	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.1	mg/L	0	01/90	Grab
Cadmium, total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.07	0.11	mg/L	0	01/90	Grab
Chlorine Demand	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						20	mg/L	0	01/90	Grab
Chromium, total	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					1.71	1.7	mg/L	0	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE				
TYPED OR PRINTED											
					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	MONTHLY AVERAGE	MAXIMUM DAILY	UNITS				
Copper, total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					2.07	2.2	mg/L	0	01/90	Grab	
Cyanide, total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.65	0.2	mg/L	0	01/90	Grab	
Iron	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						10	mg/L	0	01/90	Grab	
Lead, total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.43	0.4	mg/L	0	01/90	Grab	
Nickel, total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					2.38	2.1	mg/L	0	01/90	Grab	
Silver, total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.24	0.1	mg/L	0	01/90	Grab	
Zinc, total	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					1.48	2.3	mg/L	0	01/90	Grab	
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	MONTHLY AVERAGE	MAXIMUM DAILY	UNITS			
Phenols or Cresols	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.6	mg/L	0	01/90	Grab
Oil & Grease (total of petroleum and vegetable based)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						50	mg/L	0	01/90	Grab
TTO	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.13	mg/L	0	01/90	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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